## REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/576,298		
Filing Date	February 15, 2007		
First Named Inventor	Matti Korpela		
Art Unit	1651		
Examiner Name	Susan Emily Fernandez		
Attorney Docket Number	150026.472USPC		

I hereby revoke all previous powers of attorney given in the above-identified application.								
A Power of Attorney is submitted herewith.								
OR								
XI hereby appoint the practitioners at Seed IP Law Group PLLC, Customer Number: 00500								
X Please change the correspondence address for the above-identified application to:								
X The address associated with Customer Number 00500								
OR .								
Firm or						·		
Individua	al Name							
Address								
City			State		Zip			
Country			_					
Telephone			Email					
I am the:								
☐ Applicant/Inventor.								
X Assignee of record of the entire interest. See 37 CFR 3.71.								
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)								
X As assignee of record of the entire interest I/we hereby elect, under 37 CFR 3.71,								
to prosecute the application to the exclusion of the inventor(s).								
SIGNATURE of Applicant or Assignee of Record								
Signature		MILLANT		Date	2	3/06/10		
Name		P. Keldsine						
Title and Company								
(Assignee)	BioControl Systems, Inc.							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.								
*Total of forms are submitted.								